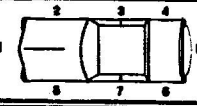
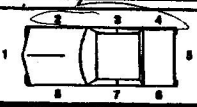


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO 16-6611		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE				LOCAL FILE NO				
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED									
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH 04/12/2016		DAY TUE			TIME MILITARY 1018			
CRASH OCCURRED ON Deerfield				WITHIN THE INTERSECTION OF												
IF NOT IN INTERSECTION				N E S W		OF		1699		CITY CODE						
LOG-1		LOG-2		LOC		JUR		FH9		FILT						
A		UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>			HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Allstate 926 750 399	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Dreisilker, Michelle L				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 217 Niagara Ct. Lebanon, OH 45036												
PHONE NO 513-578-4022		BIRTH DATE 4/13/82		AGE 33		SEX F		SOCIAL SECURITY NO		STATE OH			DRIVER'S LICENSE NO TH956530		OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) SAME				ADDRESS									PHONE			
VEH YR 2009		MAKE Ford		MODEL Escape		COLOR Gray		STYLE SW		STATE OH		LICENSE PLATE NO EBK3443		TOWING SERVICE		
VEH PED DIR FROM W TO E		CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE				
8		UNIT NO. 2		NO OF OCCUPANTS 3		OPERATING <input checked="" type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT Greene PA1738207		
DRIVER, PEDESTRIAN NAME (LAST, FIRST, MI) Ziemba, Beth A				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 5600 Eagle Creek Ct. Mineville, OH 45059												
PHONE NO. 513-543-6797		BIRTHDATE 7/15/79		AGE 36		SEX F		SOCIAL SECURITY NO		STATE OH		DRIVER'S LICENSE NO SU552430		OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) SAME				ADDRESS								PHONE				
VEH YR 2006		MAKE Jeep		MODEL Liberty		COLOR Green		STYLE SW		STATE OH		LICENSE PLATE NO ER23252		TOWING SERVICE		
VEH PED DIR FROM N TO S		CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE				
C		FROM UNIT NO. 2		NAME (LAST, FIRST, MI) Ziemba, Emily A		BIRTHDATE 11/20/13		AGE 2		SEX F		POSITION A B C D E F 1 1 6 4		INJURIES A B C D E F 5 5 5 5		
D		FROM UNIT NO. 2		NAME (LAST, FIRST, MI) Ziemba, Joseph B		BIRTHDATE 11/20/13		AGE 2		SEX M		CONDITION A B C D E F X X X X X X		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED		
E		FROM UNIT NO. 2		NAME (LAST, FIRST, MI) Ziemba, Joseph B		BIRTHDATE 11/20/13		AGE 2		SEX M		RESTRAINTS A B C D E F 1 1 6 4		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN		
F		FROM UNIT NO. 2		NAME (LAST, FIRST, MI) Ziemba, Joseph B		BIRTHDATE 11/20/13		AGE 2		SEX M		ALCOHOL A B C D E F 1 1 6 4		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN		
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